

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1	1				
3	1					
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12		3				
13		3				
14		3				
15		3				
16		1				
17		1				
18		1				
19		2				
20		2				
21		2				
22		1				
23		2				
24		2				
25		2				
26		2				
27		2				
28		3				
29		3				
30		3				
31		3				
32	1					
33	1					
34	1					
35	1					
36	1	3				
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49						
50						
TOTAL IND.	57	17				
TOTAL DEP.	72	6				
TOTAL CLAIMS	125					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						